

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531858

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2				1		
3				1		
4						
5						
6						
7						
8						
9				1		
10						
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15						
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17						
18						
19						
20						
21						
22						
23				1		
24						
25						
26						
27						
28						
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42						
43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.	←	38	←		←	
TOTAL CLAIMS		41				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.	←			↓		
TOTAL CLAIMS			41			